



**CITY OF DURHAM
CROSS-CONNECTION CONTROL COURSE
APPLICATION FORM**

- **Only completed forms with payment will be processed; incomplete forms will be returned to sender.**
- **Please type all required information.**

Please check the box next to the course for which you are applying:

- ☐ Certification (\$100.00 – for initial certification)
☐ Re-Certification (\$50.00 – for *renewal* of current tester's certification)
☐ Orientation (\$25.00 – for testers holding certification from a Durham approved school)

Course Date(s):
(see schedule for details)

Month _____ Day(s) _____ Year _____

Please clearly type the name below as you would like for it to appear on your certificate and testers card.

Name: _____
First MI Last

Company: _____ Job Title: _____

Home Address: _____
Street City State Zip Code

Company Address: _____
Street City State Zip Code

Business Phone #: () Fax: ()

Home Phone #: () Mobile #: ()

Email Address: _____

NC Contractor License Type* (check one): ☐ Fire Sprinkler ☐ Plumbing ☐ Mechanical ☐ Utility

NC Contractor License Designation & Number (example: P-Class I, #11000): _____

Please provide the following information regarding the test equipment that you will be bringing to the course (Contact the Durham CCC Office if you do not have test equipment):

Brand _____ Model # _____ Serial # _____

All checks should be made payable to the "City of Durham."

Please include the account # 5100P000-641006 on your check and forward your application, check, and applicable paperwork to:

**City of Durham
Cross-Connection Control
Department of Water Management
1600 Mist Lake Dr.
Durham, NC 27704**

If the course you have requested is full, you will be notified upon receipt of your application.

(Office use only)

Payment & Application Received: ____/____/____ Check #: _____ Check to Secretary: ____/____/____

Deposit slip received: ____/____/____ Date confirmed/Study package mailed: ____/____/____

Exam Date: ____/____/____ Score: Written _____ Practical _____/Time _____

Certification No.: _____ Expiration Date: _____

Wallet Card: ____ Certificate: ____ Mailed on: ____/____/____

City of Durham
Cross-Connection Control
Dept. of Water Management
101 City Hall Plaza
Durham, NC 27701
Phone: (919) 560-4194
Fax: (919) 560-1744
Website: www.durhamnc.gov

CITY OF DURHAM
CROSS-CONNECTION CONTROL CLASS SCHEDULE
****KEEP THIS PAGE FOR YOUR RECORDS****

Certification Course

2011		
February 7-11, 2011		October 3-7 2011
April 4-8, 2011		December 5-9, 2011
June 13-17, 2011		

Re-Certification Course

2011		
January 12-14, 2011		September 14-16, 2011
May 4-6, 2011		November 16-18, 2011
July 20-22, 2011		

Orientation Course

Please note that orientation is between 1pm- 3pm on the last day of each our certification and re-certification courses listed above. Indicate the last day of either the certification or re-certification course you wish to attend by placing the date in the “Course Date(s)” box on the application.

Make all checks payable to the “City of Durham.” Please include the account # 5100P000-641006 on your check and forward your application and check to: City of Durham, Cross-Connection Control, Department of Water Management, 1600 Mist Lake Drive, Durham, NC 27704.

All applications must be complete and submitted with payment.
If all the proper paper work is not turned in with the application and payment, the application will be returned.

Applicants must submit all applicable paperwork prior to the first day of class. Depending on which tester grade certification you qualify for, the following documentation must be submitted:

- Copy of current contractors license (A & C testers)
- Copy of Durham Privilege license (A, B, & C tester who want to test in Durham)
- Copy of current test kit calibration (All Testers)